

## MISSION/EXHIBITION EVALUATION

EVENT ID: \_\_\_\_\_

Thank you for participating in: \_\_\_\_\_

Help us do a better job of promoting your products and services by giving us your opinion of the results of this event. Public reporting for this collection of information is estimated to be 5 minutes per response, including the time for reviewing instructions, and completing and reviewing the collection of information. All responses to this collection of information are voluntary, and will be provided confidentially to the extent allowed through the Freedom of Information Act. Notwithstanding any other provision of law, no person is required to respond to nor shall a person be subject to a penalty for a failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Reports Clearance Officer, International Trade Administration, Room 4001, U.S. Department of Commerce, Washington, D.C. 20230.

## ABOUT YOUR FIRM

1. What is your primary business activity? Please check one of the following:

- ☐ Manufacturer ☐ Trade Association ☐ Representative/Distributor  
☐ Export Management/Trading Company ☐ Service ☐ Other: \_\_\_\_\_

2. Number of employees:

- ☐ 1-99 ☐ 100-249 ☐ 250-499 ☐ 500-999 ☐ 1,000+

3. When you participated in this program, was your firm new to export?

- ☐ Yes ☐ No

4. When you participated in this program, was your firm new to the targeted markets?

- ☐ Yes ☐ No

## OUR SERVICE TO YOU

1. Please indicate your overall satisfaction with this event:

- ☐ Very satisfied ☐ Satisfied ☐ Unsure ☐ Dissatisfied ☐ Very dissatisfied

2. Please indicate whether your firm's objectives were met by participating.  
(Some objectives may not apply).

	Yes	No	Doesn't Apply
Finding a sales representative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finding a licensee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finding a joint venture partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immediate sales during event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Market exposure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Test market	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Please indicate your results from participating in this event.

	Signed	Pending
Number of agents/representatives	_____	_____
Number of licensee agreements	_____	_____
Number of joint venture agreements	_____	_____
Number of sales leads	_____	
Sales during event: US\$	_____	
Projected 12-month sales: US\$	_____	
Other (specify): _____		

4. If export sales were to result from this event how many jobs would these sales sustain? \_\_\_\_\_

5. How likely would you be to participate in a similar event again?

- ☐ Definitely would ☐ Probably would ☐ Unsure ☐ Probably would not ☐ Definitely would not

6. Please indicate how participation in this event served your firm's export interests (for example, cut lead time for market entry, found contacts/made sales your firm could not otherwise have made, provided strategic market exposure, etc.):

7. Additional comments:

\_\_\_\_\_  
Your Name Title Company Name  
\_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City State/Country ZIP/Postal Code  
\_\_\_\_\_  
Telephone Number Fax Number E-mail Address